

A multi-method approach to the detection of fabricated symptoms

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VALORIZATION ADDENDUM

*It's hard to explain to people what the significance of an invention is, so it's hard to get funding.
The first thing they say is that it can't be done. Then they say, "You didn't do it right."
Then, when you've done it, they finally say, "Well, it was obvious anyway."*

Robert S. Ledley

Today, research is appreciated as much as it is funded. Money became the way we valorize everything that surrounds us. Thus, it is not surprising that this applies to research as well. However, the whole doctrine comes with the risk of fixating the field of forensic psychology on one to two popular topics that are being funded for a time being, until a new focus theme appears. Thinking outside of the “funding box” may be more challenging, but also more important than ever.

The focus of this thesis - malingering lays between the clinical and forensic/legal psychology, bridging the existing gap. Although it is reasonable to expect that such position of malingering research creates more funding opportunities, the truth is that it does not. Even finding the appropriate publication outlets seems like a challenge. While clinical journals do not appreciate the idea of fabricated symptoms investigation, the legal/forensic journals also find their reasons to see this topic as less important than, for instance, memory research. Therefore, if funding is the currency of valorization, this chapter will be a brief one.

If, however, the practical utility and the impact on practitioners in many different fields are considered, the value of malingering research is multidimensional, bearing relevance to medical, psychological, and even law professionals. The financial, ethical, and social consequences of malingering are profound, and affect all of the previously listed lines of work. Thus, research that provides tools and insights that help practitioners to prevent spending resources on those who do not actually need them is of critical importance in a society in which financial health care means are limited. Furthermore, malingering research, despite the widespread ill found skepticism of some clinicians (e.g., Jackson et al., 2011), aims to protect and secure genuine patients.

This thesis, in particular, goes a step further than mainstream investigations in the field, in that it touches upon the main cues to detection of malingering using a multi-method approach. The research evaluated a verbal credibility method that was never applied before in this line of research, whereas the reaction time measures were often propagated based on misleading findings. The dominant approach in symptom validity assessment, symptom validity tests, was also enriched by a new measure, for which this thesis provides a solid foundation for further investigation.

The results of this work were presented at relevant legal/forensic psychology conferences and academic organizations, as well as at conferences for medical practitioners and insurance companies experts. Not surprisingly, presenting this line of research always received more attention and appreciation from practitioners than from fellow academics. This leads me to the conclusion: People

who fund the research in Europe are usually not the end users of it, because if they were, the topic of malingering would finally be as supported as it is needed.